



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2861

|                                    |   |                     |                               |                                       |
|------------------------------------|---|---------------------|-------------------------------|---------------------------------------|
| <b>SERIAL NUMBER</b><br>10/708,862 | <b>FILING OR 371(c) DATE</b><br>03/29/2004<br><b>RULE</b> | <b>CLASS</b><br>137 | <b>GROUP ART UNIT</b><br>3753 | <b>ATTORNEY DOCKET NO.</b><br>1320.10 |
|------------------------------------|---|---------------------|-------------------------------|---------------------------------------|

**APPLICANTS**  
 Trevor Honeyman, County Durham, UNITED KINGDOM;  
 Kenneth Robinson, County Durham, UNITED KINGDOM;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of PCT/GB02/04148 09/12/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 UNITED KINGDOM GB/0123340.2 09/28/2001  
 UNITED KINGDOM GB/0129813.2 12/13/2001

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 05/20/2004

|   |   |                            |                                 |                                     |
|---|---|----------------------------|---------------------------------|-------------------------------------|
| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>UNITED KINGDOM | <b>SHEETS DRAWING</b><br>9 | <b>TOTAL CLAIMS</b><br>11<br>12 | <b>INDEPENDENT CLAIMS</b><br>7<br>5 |
| 35 USC 119 (a-d) conditions met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   |                            |                                 |                                     |
| Verified and Acknowledged<br>Examiner's Signature: <u>[Signature]</u> Initials: <u>CL</u>   |   |                            |                                 |                                     |

**ADDRESS**  
21901

**TITLE**  
Fluid Delivery System

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>595 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                   |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                   |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                   |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                                   |   | <input type="checkbox"/> Other _____                           |
|                                   |   | <input type="checkbox"/> Credit                                |